

Commercial Property Insurance Survey

Send to Frank Gittinger, 1739 Citadel Plaza, San Antonio, TX 78209, or e-mail: fcg@gittingercos.com 210-805-1290

Full Legal Name:			
Trade Name, DBA:			
Primary Address:			
City:		Zip:	
Phone	Fax:	Web:	
Primary e-mail address:			
Owner(s) Name:			
Years in Business:	If less than 3 years experience:		
Owner(s) Social Security #:	For privacy, I will call you		
Attorney:		Phone #:	
CPA:		Phone #:	
Current Agent:		Company:	
Business Information:			
➤ Business Type:	() Corporation () Partnership () Partnership () Other:		

Insurable Items	Protection Needed	Claim Settlement - Replacement Cost (RC) , or Actual Cash Value (ACV)	Current Coverage Limit
Building	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV	\$
Leasehold Improvements	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV	\$
Furniture & Fixtures	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV	\$
Business Personal Property	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV	\$
Sound System	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV	\$
Outdoor Furniture	\$	<input type="checkbox"/> RC <input type="checkbox"/> ACV	\$

Miscellaneous Property Issues:

Insurable Items	Protection Needed	Plan A \$ 500 Deductible	Plan B \$1,000 Deductible	Plan C \$2,500 Deductible	Current Protection Limit
Valuable Papers	\$	\$10,000	\$10,000	\$10,000	
Accounts Receivables	\$	\$10,000	\$10,000	\$20,000	
Extra Expense	\$	\$10,000	\$10,000	\$20,000	
Holdup & Safe Burglary	\$	\$ 5,000	\$10,000	\$10,000	
Perishable / Spoilage	\$	\$ 5,000	\$10,000	\$30,000	
Transit of Property	\$	\$ 5,000	\$10,000	\$10,000	
Outdoor Sign /Awnings	\$	\$ 5,000	\$10,000	\$20,000	
Building Glass	\$	\$250/\$2,000	\$250/\$2,000	\$500/\$5,000	
Computer Hardware	\$	\$ -0-	-0-	\$10,000	
Computer Software	\$	\$ -0-	-0-	\$2,000	
System Damage-Heating	\$	\$ -0-	-0-	\$50,000	
Employee Theft	\$	\$ -0-	\$5,000	\$20,000	
Fine Arts	\$	\$ -0-		\$10,000	
Backup of Sewer & Drains	\$	\$ -0-	\$10,000	\$20,000	
Flood	\$	\$ -0-	-0-	-0-	
Contractor / Medical Equipment	Attach a separate sheet with the description on the item, model #, serial #, current value				

PROPERTY SECTION – Coverage & Underwriting Information:

Loss of Income Formula: Two methods to determine needs (to be completed with owner and Frank Gittinger)

	Method One		Method Two		
Annual Gross Sales:	\$	_____	Annual Pre Tax Profit:	\$	_____
Less Annual Cost of Liquor / Food		_____	Plus expenses that would continue	\$	_____
Less Annual Expenses that Would Not Continue	\$	_____	Plus payroll that would continue	\$	_____
Less annual payroll that would not continue	\$	_____			_____
Net Loss of Income:	\$	_____	Net Loss of Income:		_____